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EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT

OF THE

County Medical Officer



1958

HEALTH DEPARTMENT
COUNTY HALL
IPSWICH

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To the Chairman and Members of the County Council.

MY LORDS, LADIES AND GENTLEMEN,

I have the honour to present to you the Annual Report on the health of the County of East Suffolk for the year 1958. As requested by the Minister, statistical information relating to the last ten years has been included and this, with other related items, has been written under the main headings in the Report. This preamble contains, therefore, only very brief references to certain aspects of the year's work or the department's activities.

Vital Statistics.

There were no significant changes in the figures recorded in 1958, as compared with recent years. The infantile mortality rate was maintained at a figure well below the national level, the deaths from pulmonary tuberculosis showed a further decrease, whilst those from lung cancer rose slightly. One case of diphtheria was assigned to the County by the Registrar-General: reference is made to this in the body of the report.

Care of Mothers and Young Children.

In two instances, monthly centres were closed in one village and opened in an adjacent village to meet changed needs. Otherwise the overall pattern of centres and attendances has varied little, except that more general practitioner ante-natal sessions have been arranged.

Midwifery, Home Nursing and Health Visiting.

These services tend to become more inter-related as more district nurse/midwives-health visitors are appointed, a policy which though necessarily slow in development appears to be fully justified in a rural county.

Vaccination and Immunisation.

As forecast at the end of 1957, the beginning of 1958 saw an upsurge of requests for vaccination against poliomyelitis, and with vaccine arriving in increasing quantities, it was necessary to divert staff from other routine work to cope with the demands. Fortunately, there was little poliomyelitis in the country as a whole and none in the county, and there was no need to suspend vaccinations during the summer months. Even so, it was not until the third quarter of the year that the backlog had been cleared and the process settled down into a more regular pattern. As the scheme developed, more general practitioners arranged surgery sessions for their own patients.

Ambulance Service.

Both ambulance and hospital car mileages increased again, and both reached a new "peak". Considering the volume of work undertaken, great

credit is due to the whole-time staff and to the voluntary personnel that once more the two services have run smoothly throughout the year.

The installation of radio-telephone communication in the majority of ambulances was completed in April, and it has simplified considerably the control and disposition of vehicles.

Prevention of Illness, Care and After-Care, Home Help, Mental Health.

These three services had a mainly uneventful year, the only things of note being the increase from £34,000 to £39,000 in the total gross cost of the Home Help Service; the expansion of B.C.G. vaccination and the continuation of the Community X-ray Survey; and the opening of new premises in Lowestoft for use as a full-time Occupation Centre.

I would like to record my appreciation of the very great help which has been given me by Mr. L. J. Bowling, my Administrative Deputy and County Welfare Officer, and, indeed, all the staff of the department whether engaged in the field or in the office.

Those of us concerned with the administration of the local health services have been encouraged by the kindly interest and support of the Chairman and members of the Health Committee and its Sub-Committees, and it is appropriate that this report should conclude with an appreciation of this.

I have the honour to be,

Your obedient Servant,

S. T. G. GRAY,

County Medical Officer.

HEALTH DEPARTMENT,
COUNTY HALL, IPSWICH.

December, 1959.

I.

GENERAL STATISTICS.

Area : 548,608 acres (*Census, 1951*).
547,397 acres.

Population 1958 : 223,300 (As estimated by the Registrar-General).

Population, Census 1951 : 217,124.

Number of dwellings (occupied and vacant); Census 1951 : 67,609.

Number of private households: Census 1951 : 65,651

Rateable Value : £2,190,927 (*year beginning 1st April, 1958*).

Estimated product of a penny rate : £8,649 (*year beginning 1st April, 1958*).

TABLE I.

Extracts from Vital Statistics for the Year.

<i>Live Births :</i>	<i>M.</i>	<i>F.</i>	<i>Total.</i>	
Legitimate	1,674	1,547	3,221	} Birth rate per 1,000 of estimated population :— 15.4.
Illegitimate	76	84	160	
Total live births	1,750	1,631	3,381	
<i>Stillbirths :</i>				
Legitimate	47	24	71	} Rate per 1,000 total births (live and still- births) :—21.9.
Illegitimate	2	3	5	
Total stillbirths	49	27	76	
<i>Deaths :</i>	1,374	1,350	2,724	} Crude death rate per 1,000 of estimated popu- lation :—12.2.

	No. of Deaths.	Rate per 1,000 total births.
<i>Deaths from Puerperal Causes :</i>	1	0.29

Deaths of infants under one year of age:

	<i>M.</i>	<i>F.</i>	<i>Total.</i>
Legitimate ...	39	21	60
Illegitimate ...	1	2	3
Total ...	40	23	63

	<i>East Suffolk</i>			<i>England and Wales rates</i>
	<i>Number</i>	<i>Crude rate</i>	<i>Adjusted rate</i>	
Live births	3,381	—	—	—
Live birth rate per 1,000 population	—	15. 1	16. 7	16. 4
Still-births	76	—	—	—
Still-birth rate per 1,000 live and still-births	—	21. 9	24. 3	21. 6
Total live and still-births ...	3,457	—	—	—
Infant deaths	63	—	—	—
Infant mortality rate per 1,000 live births—total	—	18. 6	15. 1	22. 6
Infant mortality rate per 1,000 live births (legitimate infant deaths per 1,000 legitimate live births)	—	18. 6	15. 1	—
Infant mortality rate per 1,000 live births (illegitimate infant deaths per 1,000 illegitimate live births)	—	18. 7	15. 1	—
Neo-natal (first four weeks) mor- tality rate per 1,000 live births ...	—	13. 3	10. 8	16. 2
Maternal deaths	1	—	—	—
Maternal mortality rate per 1,000 live and still-births	—	0.29	0.23	0.43

TABLE II.

POPULATION, BIRTHS, DEATHS, ANNUAL RATES.

	POPULATION		LIVEBIRTHS			STILLBIRTHS			INFANT DEATHS			ALL DEATHS		
	Census 1951	Esti- mated mid 1958	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Aldeburgh M.B.	2,689	2,820	29	29	58	—	—	—	—	1	1	14	21	35
Beccles M.B.	6,870	6,980	49	51	100	2	—	2	—	—	—	55	40	95
Bungay U.D.	3,535	3,580	29	22	51	—	—	—	—	—	—	15	27	42
Eye M.B.	1,631	1,590	13	7	20	—	—	—	1	—	1	22	27	49
Felixstowe U.D.	15,081	15,680	159	135	294	5	1	6	3	5	8	104	108	212
Halesworth U.D.	2,155	2,350	17	9	26	—	—	—	—	—	—	11	10	21
Leiston U.D.	4,056	4,140	28	32	60	1	—	1	2	—	2	25	17	42
Lowestoft M.B.	42,834	44,370	332	264	596	13	4	17	4	4	8	275	263	538
Saxmundham U.D.	1,438	1,450	13	11	24	—	—	—	—	—	—	5	7	12
Southwold M.B.	2,473	2,380	10	5	15	—	—	—	2	—	2	17	21	38
Stowmarket U.D.	7,325	7,580	34	45	79	1	2	3	—	—	—	41	39	80
Woodbridge U.D.	5,310	5,680	54	48	102	1	—	1	—	1	1	33	29	62
Total (M.B., U.D.)	95,397	98,600	767	658	1,425	23	7	30	12	11	23	617	609	1,226
Blyth R.D. ...	19,281	19,100	166	158	324	2	7	9	3	1	4	132	151	283
Deben R.D.	27,505	31,000	270	256	526	7	5	12	12	4	16	180	213	393
Gipping R.D.	20,515	18,600	144	165	309	5	5	10	2	—	2	136	114	250
Hartismere R.D.	17,317	16,950	133	114	247	5	—	5	4	3	7	95	78	173
Lothingland R.D.	14,716	15,550	101	123	224	3	1	4	2	4	6	76	71	147
Samford R.D.	15,324	16,670	120	114	234	4	—	4	2	—	2	95	87	182
Wainford R.D.	7,069	6,830	49	43	92	—	2	2	3	—	3	43	27	70
Total (R.D.)	121,727	124,700	983	973	1,956	26	20	46	28	12	40	757	741	1,498
Total (County)	217,124	223,300	1,750	1,631	3,381	49	27	76	40	23	63	1,374	1,350	2,724

	Crude	Adjusted by comparability factor	England and Wales
Livebirth rate per 1,000 population	15.1	16.7	16.4
Stillbirth rate per 1,000 total births	21.9	24.3	21.6
Infant Death rate per 1,000 live births	18.6	15.1	22.6
Death rate per 1,000 population	12.2	9.9	11.7

TABLE III.

CAUSES OF DEATH IN EACH DISTRICT.

CAUSE OF DEATH.	URBAN DISTRICTS.										RURAL DISTRICTS.							Grand Total				
	Aldeburgh	Becles	Bungay	Eye	Felixstowe	Halesworth	Leiston	Lowestoft	Saxmundham	Southwold	Stowmarket	Woodbridge	Total	Blyth	Deben	Gipping	Hartismere		Lothingland	Samford	Wainford	Total
All causes	35	95	42	49	212	21	42	538	12	38	80	62	1226	283	393	250	173	147	182	70	1498	2724
1. Tuberculosis, respiratory		2	1					2					5	3		2					5	10
2. Tuberculosis, other								1					1		1						1	2
3. Syphilitic disease								2					2	1	2			1	1		5	7
4. Diphtheria								1					1								—	1
5. Whooping cough													—								—	—
6. Meningococcal infections													—								—	—
7. Acute poliomyelitis													—								—	—
8. Measles													—								—	—
9. Other infective and parasitic diseases													3	2	1		1				4	7
10. Malignant neoplasm, stomach		2	1		7		1	12		1		3	27	7	5	8	4	1	4	1	30	57
11. Malignant neoplasm, lung, bronchus	1		1		6		3	20		1			32	4	10	8	3	8	2	2	37	69
12. Malignant neoplasm, breast	1				5	1		12			1		20	2	6	7	2	4	4		25	45
13. Malignant neoplasm, uterus		1			2		1	5			1		10	6		1	4		4		15	25
14. Other malignant and lymphatic neoplasms	6	6		3	29	1	1	51	3	8	10	7	125	25	31	19	15	16	19	6	131	256

15. Leukaemia aleukaemia	...	...	1	2	1	2	5	3	1	2	1	7	12								
16. Diabetes	...	...	1	1	5	6	2	3	3	1	2	11	17								
17. Vascular lesions of nervous system	...	6	21	12	19	26	2	3	76	4	8	9	23	9	218	404					
18. Coronary disease, angina	...	8	19	8	8	42	7	7	104	1	8	17	15	20	22	13	210	454			
19 Hypertension with heart disease	...			2	4	7	1	1	10	1	3	1	5	7	3	1	35	65			
20. Other heart disease	...	6	26	5	4	34	6	10	73	3	6	20	7	70	25	12	300	500			
21. Other circulatory disease	...		1	5	2	8			38	1	5	3	8	9	11	9	4	75	138		
22. Influenza...	...		1	1				3	1	1			2	6	1		9	16			
23. Pneumonia	...		2	1		5	2	1	16	1	2	7	11	22	8	5	13	5	73	110	
24. Bronchitis	...	1	2	1	2	5		3	22		4	2	4	5	4	6	1	14	1	35	77
25. Other diseases of respiratory system	...		1		1	1			1	1			1	3	1	2	4			11	16
26. Ulcer of stomach and duodenum	...			2	2	1		1	6	2			12	2	3	1	1	1	5	14	26
27. Gastritis, enteritis and diarrhoea	...		1		4	1	1		1		1		9	2	3	1	2			11	20
28. Nephritis and nephrosis	...		1	1	1	1		1	4		1		9	1	1	2	1	3		7	16
29. Hyperplasia of prostate	...		1					5					6	3	2	2	2			11	17
30. Pregnancy, childbirth, abortion	...												—	1						1	1
31. Congenital malformations	...			1				5	1				7	1	7	1	2	2		13	20
32. Other defined and ill-defined diseases...	...	6	5	2		17	1	5	36	3	5	3	25	35	16	23	14	22	6	141	224
33. Motor vehicle accidents	...				2	2		3	5				11	2	5	1	1	1	2	12	23
34. All other accidents...	...		3	1	1	4		1	11	1	2		24	5	17	3	2	10	2	39	63
35. Suicide	...			2	3	3	1		7				13	3	3	1		1	1	12	25
36. Homicide and operations of war	...							1					1							—	1

TABLE IV.
CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE.

CAUSES OF DEATH.	SEX.	AGGREGATE OF URBAN DISTRICTS.								AGGREGATE OF RURAL DISTRICTS.									
		All Ages	0—	1—	5—	15—	25—	45—	65—	75—	All Ages	0—	1—	5—	15—	25—	45—	65—	75—
ALL CAUSES	M	617	12	3	1	5	19	138	182	257	757	28	3	5	3	33	131	189	365
1. Tuberculosis, respiratory	F	609	11	2	2	2	16	84	153	339	741	12		2	3	15	100	183	426
2. Tuberculosis, other	M	5						4	1		4						2		
	F	—									1						1		
3. Syphilitic disease	M	1						1			—								
	F	—							2		1						1		
4. Diphtheria	M	2									4								
	F	—									1								4
5. Whooping Cough	M	—									—							1	
	F	—									—								
6. Meningococcal infections	M	—									—								
	F	—									—								
7. Acute poliomyelitis	M	—									—								
	F	—									—								
8. Measles	M	—									—								
	F	—									—								
9. Other infective and parasitic diseases	M	1								1	3								1
	F	2					2				1								
10. Malignant neoplasm, stomach	M	14						4	4	6	16								
	F	13						4	4	5	14							3	6
11. Malignant neoplasm, lung, bronchus	M	26						9	12	5	31							4	7
	F	6						2	3	1	6							10	4
12. Malignant neoplasm, breast	M	—									—							1	3
	F	20					1	8	8	3	—							8	7
13. Malignant neoplasm, uterus	M	10					2	3	3	2	15							7	2
14. Other malignant and lymphatic neoplasms	M	67	1			1	1	14	21	29	64			2				22	28
	F	58					4	15	20	19	67							21	26
15. Leukaemia aleukaemia	M	2						1		1	4							1	1
	F	3				1				2	3			1					

II.

STAFF.

County Medical Officer: S. T. G. Gray, M.B., Ch.B., D.P.H.

Administrative Deputy to County Medical Officer and County Welfare Officer:
L. J. Bowling.

Assistant County Medical Officers:

A. C. Gee, M.R.C.S., L.R.C.P., D.P.H.
Miss K. M. Harding, M.D., D.P.H.
C. H. Imrie, T.D., M.B., Ch.B., D.P.H.
H. E. Nutten, M.B., Ch.B., D.P.H.
Miss I. Sim, M.B., Ch.B., D.P.H.
Mrs. C. S. Webster, M.B., Ch.B., D.P.H.
Mrs. E. A. Parkinson, M.B., Ch.B., D.P.H. (part-time).
Mrs. G. E. Pryce, M.B., Ch.B., B.A.O. (part-time).
Mrs. J. F. Morrison, M.D., D.C.H. (part-time).

Consultant Chest Physicians:

C. J. Stewart, M.D., B.S., D.Obst.R.C.O.G.
I. M. Young, M.B., Ch.B.

County Nursing Officer:

Miss M. Vaughan Jones., S.R.N., S.C.M., H.V. Cert.

Deputy County Nursing Officer:

Miss H. Place, S.R.N., S.C.M., H.V. Cert.

Health Visitors:

At the end of the year, the staff of Health Visitors was 23 whole-time (9 of whom were holding combined appointments as district nurse/midwife-health visitor), and 2 part-time, and 2 whole-time Tuberculosis Health Visitors.

District Nurse/Midwives:

At the end of the year, 61 district nurse/midwives (including 9 who were also district nurse/midwives-health visitors), 5 district midwives, and 10 district nurses were being employed

County Water Engineer:

A. E. Chapman, F.I.P.H.E., F.A.P.H.I.

County Health Inspector:

R. E. Law, M.A.P.H.I.

Senior Dental Officer: C. D. Macpherson, L.D.S.

Dental Officers: J. E. Benfield, L.D.S.
 F. W. Walmsley, L.D.S.
 Miss J. Hepburn, L.D.S.
 Mrs. H. A. Bell, L.D.S.
 J. D. F. Helme, L.D.S. (part time to 23.7.58).

District Medical Officers of Health:

Boroughs and Urban Districts:

Aldeburgh	...	Dr. C. H. Imrie.
Beccles ...	...	Dr. H. E. Nutten.
Bungay ...	...	Dr. H. E. Nutten.
Eye ...	...	Dr. K. M. Harding.
Felixstowe	...	Dr. C. H. Imrie.
Halesworth	...	Dr. H. E. Nutten.
Leiston ...	...	Dr. H. E. Nutten.
Lowestoft	...	Dr. A. C. Gee.
Saxmundham	...	Dr. D. W. Ryder Richardson.
Southwold	...	Dr. A. C. Gee.
Stowmarket	...	Dr. K. M. Harding.
Woodbridge	...	Dr. C. H. Imrie.

Rural Districts:

Blyth ...	...	Dr. H. E. Nutten.
Deben ...	...	Dr. C. H. Imrie.
Gipping ...	...	Dr. K. M. Harding.
Hartismere	...	Dr. K. M. Harding.
Lothingland	...	Dr. A. C. Gee.
Samford	...	Dr. K. M. Harding.
Wainford	...	Dr. H. E. Nutten.

III.

NATIONAL HEALTH SERVICE ACT, 1946.

Section 21—Health Centres.

There is nothing further to report under this Section.

Section 22—Care of Mothers and Young Children.**Infant Welfare Centres.**

Existing monthly centres at Friston and Orford were closed during the year and additional centres at Snape and Tunstall were started, so that at 31st December, the following were being held:—

TABLE V.
Infant Welfare Centres.

Twice weekly.	Weekly.	Twice monthly.
Lowestoft (i) (a)	Aldeburgh (a) Beccles Bungay Felixstowe (i) do. (ii) do. (iii) Stowmarket (a) Woodbridge (a) Lowestoft (ii) (a) do. (iii)	Bramford Brantham Carlton Colville Claydon East Bergholt Eye Halesworth Haughley Kesgrave Leiston Shotley Southwold Wattisham R.A.F. Camp Wrentham Yoxford

(a) *Centre also functions as ante-natal and post-natal clinic.*

Monthly.	
Belton	Lound
Blundeston	Mendlesham
Bradwell	Metfield
Charsfield	Nacton
Chelmondiston	Newbourne
Copdock	Otley
Corton	Peasenhall
Debenham	Reydon
Earl Soham	Saxmundham
Farnham	Snape
Framlingham	Somerleyton
Grundisburgh	Somersham
Hollesley	Tunstall
Hopton	Waldringfield
Kessingland	Wenhaston
Kirton	Wickham Market
Laxfield	Yaxley
Lt. Bealings	

In 1949, 46 Infant Welfare and Weighing Centres were functioning. The increase to 61 centres has occurred mostly in the smaller monthly centres.

Summary of Attendances for 1958.

INFANT WELFARE CENTRES.

<i>Centres provided.</i>	<i>Sessions per month.</i>	<i>No. of Children attending during year.</i>	<i>Total number of attendances made.</i>
61	121	5,498	31,203

ANTE-NATAL AND POST-NATAL CLINICS.

<i>Clinics provided.</i>	<i>Sessions per month.</i>	<i>No. of Women attending during year.</i>	<i>Total number of attendances made.</i>
11	35	436—A	1475—A
		3—P	3—P

A=*ante-natal*. P=*post-natal*.

Care of Unmarried Mothers and their Children.

The Diocesan Moral Welfare Associations of St. Edmundsbury & Ipswich and Norwich have both had staffing problems and it is greatly to the credit of those field workers who have carried on that there has been no flagging in the work of assistance to the unmarried mother and her child. In only a number of cases is it appropriate to seek the help of the Associations, but the specialised knowledge of the Associations' officers is invaluable in dealing with the many problems these mothers have to face.

Accommodation in Mother and Baby Homes was found for 28 expectant mothers during the year under the agreed arrangements between the Associations and the County Council.

Care of Premature Infants.

Last year the number of premature babies (those who at birth weigh $5\frac{1}{2}$ lbs. or less) born was quoted as "remaining around the 200 mark." A summary of notifications since 1949, however, shows that premature births notified have almost doubled in the past ten years.

TABLE VI.

Year	Total	Born in	
		Home	Hospital/ Nursing Home
1949	126	80	46
1950	143	72	71
1951	154	88	66
1952	172	99	73
1953	177	72	105
1954	182	84	98
1955	210	102	108
1956	216	96	120
1957	202	104	98
1958	224	102	122

In 1958, of the 224 notified, 197 (93 born at home and 104 born in hospital/nursing home) survived over 28 days; 11 of those born at home had to be moved to hospital but only 3 died.

Dental Care.

TABLE VII.

Numbers provided with dental care.

	Examined	Needing treatment	Treated	Made dentally fit
Expectant/Nursing Mothers	37	36	44	43
Children under 5 ...	141	111	104	74

Forms of dental treatment provided.

	Extrac- tions	General Anaes- thetics	Fillings	Scalings or gum treat- ment	Silver Nitrate treat- ment	X-rays	Dentures provided	
							Com- plete	Partial
Expectant/ Nursing Mothers	64	1	77	47	—	—	4	10
Children under 5	113	39	46	—	76	—	—	—

Up to 1953 the time which dentists were able to give to treatment of the so-called priority classes (expectant/nursing mothers and pre-school children) had been negligible because of extreme shortage of staff and pressure of school dental work. Since then, it has been possible to improve this position only very slowly, as figures for the past six years show.

The national shortage of dentists continues and for as long as this shortage exists, the great majority of such dentists as there are will choose to go into private practice rather than work for a local authority. At the same time, the employment of dental auxiliaries does not appear to be practicable in a rural county such as East Suffolk.

	Year	Examined	Needing treatment	Treated	Made dentally fit
Expectant/Nursing Mothers	1953	8	8	8	4
	1954	15	15	22	10
	1955	50	48	49	15
	1956	59	59	76	44
	1957	36	32	45	27
	1958	37	36	44	43
Children under 5	1953	73	70	67	41
	1954	77	65	81	41
	1955	116	97	128	78
	1956	195	174	182	147
	1957	141	115	140	78
	1958	141	111	104	74

Women's Welfare Clinic.

The Family Planning Association continued their clinics at Saxmundham and Stowmarket, and towards the end of the year negotiations were almost complete for the local health authority clinic in Lowestoft to be closed and for responsibility for the continuance of its functions to be taken over by the Association.

179 attendances (70 first visits) were recorded for county patients attending the Allington House clinic in Ipswich, under arrangements made with the County Borough.

Welfare Foods.

Lessening demand made possible the closure of some of the smaller distribution points for welfare foods, and at the year's end, 24 Infant Welfare Centres and 137 other places (tended by the W.V.S., local shopkeepers and householders) were distributing the various products. Without the valuable help of the voluntary workers, to whom acknowledgment is made, the cost of distributing welfare foods on the same scale would be increased very substantially.

All of the items showed less demand this year than previously, comparative figures since 1954 being:—

	1954 (half-year)	1955	1956	1957	1958
National Dried Milk (tins)	52,700	85,173	87,470	72,271	56,286
Orange Juice (bottles) ...	68,100	142,585	153,803	165,108	107,554
Cod Liver Oil (bottles) ...	14,900	27,599	25,055	21,137	14,229
Vitamin A & D (packets) ...	4,000	8,956	9,823	9,766	9,331

Section 23—Midwifery.

During the year the Council's midwives attended 1,049 patients as midwives, and 676 patients as maternity nurses.

Of the total of 1,725 confinements attended, in 32 instances only was a doctor not booked.

Medical aid under the Midwives' Act was summoned in 102 cases.

Gas/air and Trilene analgesia was administered at 1,562 domiciliary confinements; in 933 cases by midwives acting in that capacity, and in 629 cases by midwives acting as maternity nurses.

Pethidine was given to 735 patients by midwives acting as such, and to 350 patients by midwives acting as maternity nurses.

TABLE VIII.

Year	Live births	Still births	Total births	No. of Midwives employed at 31st December	No. of births attended as		Analgesia administered				Medical Aid summoned
							Gas/Air		Pethidine		
					Mid.	Mat. Nurse	Mid.	Mat. Nurse	Mid.	Mat. Nurse	
1949	3,497	79	3,576	73	975	1,352	Not recorded				228
1950	3,292	78	3,370	69	912	1,113	556	803	—	—	181
1951	3,326	69	3,395	69	897	1,142	583	833	—	—	71
1952	3,139	79	3,218	66	802	1,109	554	872	148	221	97
1953	3,221	71	3,292	69	994	761	729	681	454	495	94
1954	3,328	73	3,401	66	1,058	730	900	659	553	481	89
1955	3,097	68	3,165	65	1,016	655	862	595	562	441	60
1956	3,305	67	3,372	63	1,012	653	854	695	590	484	50
1957	3,398	69	3,467	66	1,045	702	944	627	714	412	127
1958	3,381	76	3,457	66	1,049	676	933	629	735	350	102

Total births and the number of midwives employed have remained fairly constant, though the bare figures of 1955 and 1956 do not reflect the difficulties the staff had to meet the calls made upon them. Noticeable in the figures is the change-over from work as maternity nurses to attending confinements as midwives, and the growth of the use of gas/air and pethidine analgesia.

It was always expected that the number of medical aid claims received from doctors would reduce as a result of the National Health Service, and it is these figures of claims which are shown in decreasing numbers from 1949 to 1956. The increased figure shown in 1957 reflects an amendment of midwives record keeping in which all calls for aid were recorded, few of which were however the subject of claims for payment from doctors.

Four midwives have been sent on refresher courses each year for a number of years till 1956 when six went. Following amendment of C.M.B. rules on this subject in 1956, a very successful course was arranged locally in April, 1957 at Belstead House, a residential centre for Further Education owned by the East Suffolk County Education Committee. This was attended by 25 East Suffolk midwives and 23 midwives from other local health authorities or in private practice. This success was repeated in September, 1958 when a similar course was attended by 23 of the Council's midwives

and 21 practising privately or in employ of other authorities. All of the Council's midwives have completed refresher courses in compliance with their rules.

Arrangements have also been made from time to time for a small number of midwives not so qualified to take their District Training course.

In 1949-1950 when plans were being made to revise the areas covered by the nurse-midwives into more economic units, a good deal of emphasis was laid on the need for housing accommodation. Certain projects were put forward for building houses in selected areas, but many difficulties were experienced in obtaining sites. Delays retarded the programme but even when the houses were available it was still not easy to appoint staff to occupy them! There has always been most helpful co-operation with the District Councils in their capacities as housing authorities, and in several areas District Council houses have been made available to the County Council for use as midwives' houses.

All the nurse-midwives have been provided with cars, either of their own (frequently with assistance from the County Council's assisted car purchase scheme) or from the fleet of midwives' cars. The latter has been kept reasonably up to date by a policy of gradual replacement, and it may prove sound economics to accelerate this.

Section 24.—Health Visiting.

TABLE IX.

Summary of visits made

(excluding School Health Service visits).

			<i>1st Visit.</i>	<i>Total Visits.</i>
Expectant mothers	...		691	1,571
Children under 1	...	...	3,061	15,078
Children over 1 but under 2	...		—	6,846
Children over 2 but under 5	...		—	12,523
Tuberculosis households	...		—	839
Other visits	...	...	—	2,956

Until the last two years, total visits made by health visitors have kept fairly constant pro rata to the number of health visitors employed. Statistically, it is necessary only to comment on the spectacular rise in 1957 and the equally dramatic fall in 1958. It can easily be seen that the 1957 figure is influenced entirely by the large number of domiciliary visits made by the two Tuberculosis Health Visitors. In 1958 the story goes into reverse. These two spent much of their time, and one of them practically all her time, in work in connection with the Community X-ray survey, of which a full report was made in last year's Annual Report. In consequence, their home visiting dropped very much. The fall in the number of visits made by the other health visitors is attributed entirely to the poliomyelitis campaign, which has made it necessary to withdraw health visitors from much of their routine visiting to assist at poliomyelitis clinics. The success of the latter must be regarded as compensation for loss of time spent on home visiting.

Summary of total visits, 1949-58.

<i>Year</i>	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
i. Wholetime H.V. (including those on combined duties) ...	15	14	18	15	18	18	21	23	22	23
ii. Part-time H.V. ...	2	2	2	2	2	2	3	2	2	2
iii. Tuberculosis H.V. ...						1	1	2	2	2
Visits by i. and ii. ...	56,135	52,287	59,415	49,938	56,371	55,678	50,726	51,212	46,678	39,813
Visits by iii. ...						123	1,259	2,759	17,661	2,517

At the inception of the National Health Service it was widely thought that the part to be played by local health authorities would centre round the health visitor as the link between the authority and the family unit. Necessarily, such development would be slow, but lack of suitably qualified staff brought the realisation that, in rural areas at least, other ways might have to be sought. By 1953/54, the policy was embarked upon of employing nurse-midwife-health visitors and it is along these lines that a development of the health visiting services in East Suffolk is expected to take shape. Two such appointments were made in 1953, since when the number has grown to nine in 1958.

The first of the two Tuberculosis Health Visitors took up duty towards the end of 1954 but it was not until the latter part of 1956 that a second appointment could be made. One of these is attached to the Ipswich Group Hospital Management Committee's Chest Clinic based at Ipswich and the other is based at Lowestoft with the Chest Clinic of the Norwich, Lowestoft and Gt. Yarmouth Hospital Management Committee. Their duties, arranged in co-operation with the two Consultant Chest Physicians, afford a valuable link between that particular branch of the hospital service and the health authority.

All the health visitors meet regularly each month, usually at Ipswich, when their administrative and professional problems can be talked about and when opportunity is taken of arranging for a speaker to talk to them on a subject of topical interest.

Health visitors attend as often as their duties permit the Case Conferences dealing with problem families, and they take an active part in the work of the Co-ordinating Committee. Most of the families under surveillance require little more than regular supervision and guidance and the health visitors—in co-operation with their other field officer colleagues—are able to give useful help to improve the standards of these families.

Two health visitors attended refresher courses during the year, and one award of a training scholarship was made.

Section 25.—Home Nursing.

TABLE X.
Summary of visits made.

	<i>Patients attended.</i>			<i>Total visits.</i>
Medical	2,608	84,032
Surgical	1,033	22,565
Infectious Diseases	1	13
Tuberculosis	36	1,731
Maternal complications	66	780
Other	298	3,507
			<hr/> 4,042	<hr/> 112,628

Summary of patients/visits, 1949-58.

<i>Year</i>	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Home nurses (part-time, i.e. nurse/midwives)	73	69	69	66	69	66	65	63	66	66
Home nurses (whole-time in Lowestoft) ...	7	6	7	8	8	7	10	9	10	10
Patients ...	6,403	7,067	6,378	6,229	5,643	5,453	4,788	4,450	4,697	4,042
Total visits ...	102,169	98,456	116,615	122,381	110,124	113,190	113,197	114,214	115,852	112,628

Though patients attended reached the lowest figure recorded since 1949 and visits dropped by comparison with the last five years, the trend of the Home Nursing Service can be seen in the overall figures. In 1949, the ratio of patients to visits was 1 : 12. In 1958 this has become 1 : 27. There has never been and of course there never could be the position whereby a request for home nursing is not answered. Logically therefore the bulk of the people need the services of the home nurse only exceptionally, but those who do need attention require it for longer periods. As previous years' records have also shown, more than half the visits (59% in 1958) are made to the 65 plus age group. It is reasonable to assume that home nursing attention given to that group is due either to strenuous efforts made nowadays to keep the older folk in adequate circumstances in their own surroundings, or because of their discharge from hospitals earlier than would otherwise be possible. It is perhaps in this aspect of the National Health Service that the greatest co-operation has been achieved between the hospital services, the general practitioner services and the local health authority.

Section 26—Vaccination and Immunisation.

Vaccination against Smallpox.

TABLE XI.

Number of Persons Vaccinated (or Re-vaccinated) during year.

<i>Age at date of vaccination</i>	<i>Under 1</i>	<i>1</i>	<i>2-4</i>	<i>5-14</i>	<i>15 or over</i>	<i>Total</i>
Primary ...	1,587	48	43	38	84	1,800
Re-vaccination ...	—	2	26	94	318	440

There was some apprehension in 1949 because the percentage of children under 1 vaccinated fell to below 25, and it was thought that the removal of compulsory vaccination was responsible for this. Thereafter, however, the average has been just over 50%, much the same as in pre-1948 days, and it is clear there is still a good deal of parental opposition to this means of protection. There were in the mid-1950s two major alarms when imported smallpox appeared in the country, and the public, locally at any rate, realised the urgent need for protection.

All this form of vaccination has been done by general practitioners, the local health authority part in it being confined to publicity and propaganda through infant welfare centres and health visitors.

Diphtheria Immunisation.

TABLE XII.

Number of children at 31st December 1958 who had completed a course of immunisation at any time before that date (i.e. at any time since 1st January, 1944).

Age at 31.12.58 i.e., born in year	Under 1 1958	1—4 1957-54	5—9 1953-49	10—14 1948-44	Under 15 Total
Last complete course of in- jections (primary or booster)					
A. 1954-1958	497	8,625	9,593	2,646	21,361
B. 1953 or earlier ...	—	—	3,128	11,075	14,203
Estimated mid-year child population	3,390	13,110	35,600		52,100
Immunity Index ...	14·6	65·8	34·4		41·0

Statistically, the pattern of diphtheria immunisation is much the same as that of smallpox vaccination. In 1949, 38% of children under 15 were estimated to be protected. In 1950, this rose to 43% and in 1958 it is 41%. The vigorous campaign of the war and post-war years practically removed diphtheria from the record books and in part this may be a reason for the rate remaining around 40-50%. Very few cases of diphtheria occur in the country nowadays, and fatalities are extremely rare. But this also means that natural immunity is disappearing and it is unfortunate therefore that half the child population remains unimmunised. Successive annual reports have emphasised the need to keep this in the public eye.

The clinical work of diphtheria immunisation has been shared between the local health authority's medical officers and the general practitioners, and there has always been good co-operation.

Vaccination against Poliomyelitis.

As anticipated last year, supplies of vaccine, British, American and Canadian, began to arrive with regularity early in 1958, and an all-out effort was made to cope with the mounting requests for treatment. Many of the general practitioners joined in this, but the greater part of the work fell on the local health authority staff. Publicity through the press, infant welfare centres and by posters brought a good response from parents wishing their children to be treated, but the other eligible groups were slow to respond. Sessions were organised by doctors in their own surgeries, and by the Council at welfare centres, schools and village halls. By the year end, a course of two injections had been given to the following groups:—

Children born in the years 1943 to 1958 ...	27,630
Young persons born in the years 1933 to 1942 ...	239
Expectant Mothers	663
Others	739
	<hr/>
	29,271

A start was also made on the first booster injections and during the year the number of persons in all groups who had received three injections rose to 3,114.

Section 27—Ambulance Service.

TABLE XIII.

<i>Year</i>	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
Total miles	159,410	196,745	229,435	239,264	230,842	241,210	229,788	226,750	229,721	241,777
No. of Journeys	6,260	8,702	8,075	7,588	7,459	8,208	7,821	7,762	7,650	8,416
No. of Patients carried	6,968	9,126	12,249	13,619	15,639	17,086	15,686	14,982	14,351	14,973

This summary shows how the use of the ambulances has grown since 1948. There is a general inclination to think of the ambulance service as an emergency service. Fortunately this is not the picture, and by far the greater part of the ambulance service duties are routine journeys of semi- or non-urgent nature. Even so the fact remains that the service must always be able to respond to any call made upon it. In the early days of planning the county service, it was the policy to base the vehicles on the two main areas of population centred on Ipswich and Lowestoft, with smaller stations in other parts of the county. It has never been necessary to vary these arrangements, which have always been adequate for the growing demand.

Reciprocal arrangements have been made and continue to operate to the satisfaction of both sides with neighbouring county authorities, but it has not been possible to agree similarly with the County Boroughs. In general, however, there is good co-operation with all the other local health authorities on ambulance matters. Particular mention must be made of the London Ambulance Service, whose volume of calls must be tremendous, who readily and ably accept patients travelling by ambulance/rail/ambulance transport to and through London; a growing practice in this age of specialisation.

The East Suffolk ambulance service remains one of the most economic in the country, and this is due in no small measure to the very satisfactory agency arrangements existing between the County Council and the St. John Ambulance Brigade and the British Red Cross Society, whose members do excellent work at the several voluntary ambulance stations. The contribution of the whole-time staff to this cheaply run service must be seen in the fact that whereas in 1948 there were taken over by the local health authority 16 whole-time drivers, the number has only increased to 21 in 1958 despite the expansion of the service.

Of the 20 vehicles in use, all but one (due to be replaced in 1959) are less than 10 years old, the result of a replacement policy carried out over the years. 14 of these ambulances were equipped with radio-telephone during 1958 and the introduction of this means of communication has been of considerable benefit to the efficiency of the service generally.

Hospital Car Service.

TABLE XIV.

<i>Year</i>	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
<i>Miles:</i>										
Whole-time	—	—	10,228	24,589	30,918	37,631	27,809	22,837	21,217	28,710
Voluntary	225,386	280,780	302,895	335,351	379,844	443,105	490,083	499,646	491,111	549,463
Total ...	225,386	280,780	313,123	359,940	410,762	480,736	517,892	522,483	512,328	578,173
<i>Journeys:</i>										
Whole-time	—	—	384	974	1,011	958	1,385	1,523	1,552	1,793
Voluntary	5,244	7,078	8,020	8,583	9,517	11,859	12,939	13,273	12,778	13,917
Total ...	5,244	7,078	8,404	9,557	10,528	12,817	14,324	14,796	14,330	15,710
<i>Patients carried:</i>										
Whole-time						1,446	2,386	2,506	2,800	3,599
Voluntary						29,396	31,843	34,925	34,517	39,481
Total ...						30,842	34,229	37,431	37,317	43,080

The slight recession in the total figures for 1957 led to the hope being expressed that the peak of use of the hospital car service had been reached. 1958 figures have dispelled this hope with no uncertainty, when mileages, journeys and patients carried have each reached a new high level. The ten year summary shows that the pattern of use of the car service has been much the same as that of the ambulances, but with greater acceleration. Total miles have increased since 1949 by $2\frac{1}{2}$ times and journeys by 3 times. Accurate records of patients carried were not kept in the early days, but the figures shown are those required for Ministry returns in which a patient is counted both on the inward and outward journey.

As careful a check as is possible is kept on the orders authorised, by far the greater number of which are for attendance at out-patient clinics of local hospitals, often for patients requiring treatment two or three times weekly over periods of three or more months. Taking a broad view in the general public interest of the overall cost of the Health Service, it may be assumed that the hospital car service does something to relieve the in-maintenance costs of the hospital service. It is hoped this thought will satisfy the local health authority as it contemplates the continual increase in expense it has to meet.

Section 28—Prevention of Illness, Care and After-care.TABLE XV.
Tuberculosis Register, 1958.

	<i>Pulmonary</i>	<i>Non-pulmonary</i>
Patients on Register at 1.1.58 ...	1007	305
New (Primary) Notifications during 1958 ...	77	14
Inward transfers and restored to register in 1958	56	11
Total ...	1140	330

Taken off register in 1958:

		<i>Pulmonary</i>	<i>Non- pulmonary</i>		
Non-tuberculous	...	—	—		
Died	... ..	24	4		
Recovered	... ..	47	8		
Removed or lost sight of		45	9		
		—	—		
Total	...	116	21	116	21
		—	—		
Patients remaining on register at 31.12.58				1024	309
				—	—

Again there is little variation in the figures from those of previous years, and again it is noted that of 28 (24 pulmonary and 4 non-pulmonary) names removed from the records by death, only 12 (10 pulmonary and 2 non-pulmonary) deaths have been assigned to tuberculosis in the Registrar General's statistics. The table above, which summarises the District Medical Officers' tuberculosis registers is included in this report for information.

At 31st December, 92 persons were benefiting from the scheme for the provision of one pint of milk daily free to tuberculous patients. Since 1950, when the County Council took over this scheme from the County Tuberculosis Care Committee, the number of patients helped in this way has been steady at about 100 annually.

The supply of medical comforts from loan depots organised by the St. John Ambulance Brigade and the British Red Cross Society has continued unchanged. There has been a noticeable increase in requests for the more expensive types of home nursing equipment (e.g., invalid hoists, walking aids) provided by the Council under this Section. There is little doubt that help of this kind is greatly appreciated and expenditure on it will grow.

The Community X-ray Survey team—whose activities were fully reported last year—working under the control of Dr. C. J. Stewart, Consultant Chest Physician of the Ipswich Group Hospital Management Committee completed a successful full year's work. Dr. Stewart's report on this extends over 21 foolscap pages of comments and statistics and obviously cannot be reproduced here. Briefly, the survey covered some 81 parishes, mainly in the rural areas of the county, and attained an average attendance rate of 64.7% of adults. This percentage is a distinct improvement on the Mass Miniature Radiography surveys, and reflects much credit for the enthusiasm of the many voluntary workers who helped in the surveys. The numbers attending for X-ray do not however justify any complacency, and a higher percentage of attendances will be necessary to achieve the principal objective of the Survey—the eradication of pulmonary tuberculosis from the community. Much useful information has, however, been gained on methods needed to improve the technique of the Survey.

The scheme for B.C.G. vaccination, formally approved during 1950, began with the treatment of patients selected by the Consultant Chest Physicians in 1951 when 96 successful vaccinations were completed. Since then, the number of patients treated each year was 177 (1952), 197 (1953), 186 (1954), 198 (1955) and 191 (1956). In 1957, the scheme was extended to take in school children up to age 13 years when vaccinations reached the total of 473, and further extended to include higher age groups in 1958 when 649 children were vaccinated.

Section 29—Home Help Service.

As soon as the service was given publicity early in 1949, the demands for help rose rapidly and teething troubles were experienced in the recruiting of sufficient workers and the need to keep within the financial limits imposed by annual estimates. It soon became evident that the greater demands would be for help at domiciliary confinements and for the aged and chronic sick. The summary of the figures shows that help at home confinements has remained fairly steady but there has been a growing demand for assistance in the homes of the aged and infirm.

Apart from one small excursion into the field of whole-time Home Helps the women employed in this service have all been recruited on a part-time casual basis. From time to time, and of course seasonally in some areas, there has been difficulty in obtaining sufficient help but generally, the nursing, health visiting and welfare staffs have been able to find suitable women to undertake this work.

At first it was thought that about a third of the gross cost of the service might be recovered as income. The need to provide help for the older population meant however that by far the greater number of them were eligible—by assessment on an approved scale—to receive help free of cost to themselves and income fell to about one tenth of gross expenditure. In 1956, a satisfactory arrangement was made with the National Assistance Board under which a minimum charge of 10/- weekly was made for help provided to old age pensioners (except where this would cause hardship, when no charge was made), and the Board made a supplementary allowance sufficient to meet the assessment for home help. The net cost of the service has continued to grow steadily, but this additional income has been useful.

Although the cost of this service to the local health authority has grown remarkably over the years, it has not only benefited the people receiving the help but it has also been of economic benefit to the overall cost of the National Health and Welfare Service.

TABLE XVI.

Year	1949	1950	1951	1952	1953	1954	1955	1956	1957	1958
No. of part-time home helps employed ...	152	146	112	116	187	211	231	267	297	311
Households assisted:—										
i. Maternity ...	—	281	237	224	219	253	209	240	283	279
ii. Tuberculosis ...	—	18	25	18	12	11	14	9	9	13
iii. Chronic sick, inc. aged and infirm	—	287	260	258	284	369	460	496	542	655
iv. Other ...	—	—	—	—	58	45	87	56	49	43
Total ...	310	586	522	500	573	678	770	801	883	990

Sections 28 and 51—Mental Health.

The County Medical Officer and his Assistant Medical Officers are all approved for the purpose of giving certificates under Section 5 of the Mental Deficiency Acts, 1913. They also carry out other medical examinations as in the ascertainment of cases. The County Medical Officer is approved by the Minister to give recommendations under Section 5 of the Mental Treatment Act, 1930.

The supervision of boys up to the age of 16 years and girls up to the age of 20 years under Statutory Supervision is carried out by the County Council's health visitors.

The supervision of the remainder of the patients under Statutory Supervision and of those under Friendly Supervision is given by the welfare officers of the County Council.

A specially qualified health visitor carries out specialist work under the Mental Deficiency Acts and gives after-care in the case of patients discharged from mental hospitals.

The male welfare officers of the County Council are appointed as duly authorised officers under the Lunacy and Mental Treatment Acts. Members of the staff of the Health Department are also authorised to act and do so when a welfare officer is not available. Home teaching under the Mental Deficiency Acts is given by those welfare officers who are qualified home teachers.

Admissions to Mental Hospitals.

During the year the duly authorised officers attended on the admission of 76 male and 77 female patients to mental hospitals, as follows:—

<i>Under the Lunacy Acts:</i>				<i>Males</i>	<i>Females</i>	<i>Total</i>
On certification	...	...		25	43	68
On "Three day" Orders under						
Section 20	...	...		12	11	23
<i>Under the Mental Treatment Act:</i>						
As voluntary patients	...	...		36	22	58
As voluntary patients (under						
sixteen)	...	...	...	1	—	1
As temporary patients			...	2	1	3
				<hr/>	<hr/>	<hr/>
				76	77	153
				<hr/>	<hr/>	<hr/>

The duly authorised officers have given help to a number of patients discharged from mental hospitals where it was felt that after-care and assistance in coping with the problems involved in returning to normal community life were necessary.

Mental Deficiency Acts.

Admissions to Hospitals.

At the beginning of the year the Ministry of Health issued Circular 2/58 which dealt with the informal admission of patients to mental deficiency hospitals as recommended in the report of the Royal Commission on the Law relating to Mental Illness and Mental Deficiency. During the year arrangements were made for the admission of 8 male and 7 female patients and as a result of recommendations contained in the Circular, 10 of these admissions were informal.

The numbers remaining on the waiting list on 31st December, 1958, were 30 males and 18 females, of which 8 males and 4 females were considered to be in urgent need of hospital care.

During the year 23 males and 10 females were admitted for periods of temporary care.

Supervision.

The numbers under supervision on 31st December, 1958, were:—

		<i>Males</i>	<i>Females</i>
Statutory Supervision ...	...	163	133
Friendly Supervision ...	...	72	56

Occupation Centres and Classes.

In June, 1958 the Lowestoft Occupation Centre moved to new premises which had been purchased by the County Council and adapted, furnished and equipped. The improved facilities have been greatly appreciated by parents, children and staff and the Centre is operating very successfully on a full-time basis. By arrangement with the Local Education Authority mid-day meals are provided and also the School Milk Scheme. The children have the use of an adjoining school playing field for outdoor activities. During the year the children have all been inspected by a School Medical Officer. Where necessary, dental treatment has been given by the School Dental Officer. At the end of the year there were 15 boys and 9 girls of varying ages in attendance.

An Occupation Class held at Leiston each Thursday afternoon has been attended by 6 boys and 8 girls. Transport arrangements have been carried out by members of the W.V.S.

The small Occupation Class at Stowmarket has successfully established itself. The class is held each Monday afternoon, and has been attended by 5 boys and 4 girls.

The Occupation Class at Ipswich continues to be held on the second and fourth Thursday afternoon of each month and at the end of the year it was attended by 2 boys and 13 girls.

Since September a small Occupation Class has been held at Felixstowe each Monday morning, and has been attended by 6 boys and 4 girls.

An adult handicraft class is held weekly at Lowestoft and is attended by 5 male and 5 female patients.

By arrangement with neighbouring Authorities 3 boys and 2 girls were attending the Ipswich Occupation Centre and 1 boy was attending the Great Yarmouth Occupation Centre.

Home Training.

On 31st December, 1958, 24 males and 41 females were receiving home training.

Ascertainment.

During the year 27 new cases (16 males and 11 females) were ascertained.

Guardianship.

There is 1 male and 4 females of East Suffolk origin under Guardianship.

IV.
SANITARY CIRCUMSTANCES OF THE AREA.

WATER SUPPLIES AND SEWERAGE.

This section of the report has been prepared by the County Water Engineer, who is responsible for examining and reporting upon schemes of water supply and sewerage which are submitted for approval of the County Council for financial assistance.

Water Supplies.

There are seven Rural Districts in the County, namely those of Blyth, Deben, Gipping, Hartismere, Lothingland, Samford and Wainford, and the regional water supply schemes have been completed in all of them except Gipping. In the case of the latter District, main-laying is going on as a continuous process and 80 per cent. of the whole scheme has been completed.

The revised figure for the present total length of mains in Rural Districts is 940 miles, which is less than the total given last year because certain old and unwanted mains are now no longer used, and it is estimated that the future total length will be 981 miles, this figure being subject to revision.

Virtually all populated parishes have been provided with a main water supply, main-laying in Gipping being concerned with linking existing village schemes rather than with the provision of new supplies, and this constitutes an achievement of which all concerned can be justly proud.

The following table gives further details of the present position.

TABLE XVII.
Details of Water Mains Provided in Rural Districts.

1. Districts with completed Regional Schemes.

<i>District</i>					<i>Length of mains in miles</i>
Blyth	...	...	...	...	150
Deben	...	...	...	...	176
Hartismere	...	...	...	...	210
Lothingland	...	...	...	...	80
Samford	...	...	...	...	89
Wainford	...	...	...	...	90
Total					795

NOTES:

- (i) The lengths given are in one or two cases shorter than in the previous Report, due to the deletion of some old mains which have been superseded by new ones in the Regional Schemes.
- (ii) Figures in respect of Deben and Lothingland include those for both the Rural Areas and the Statutory Water Undertakings.

2. District with incomplete Regional Scheme.

<i>District</i>	<i>Laid during year</i>	<i>Miles of Water Main</i>		<i>Prov. total on completion</i>	<i>Prov. %age completed at</i>
		<i>Total at end of 1958</i>	<i>Approved proposals</i>		
Gipping ...	20	145	37	182	31.12.58 80

3. Approved additional proposals in respect of previously completed Regional Schemes.

<i>District</i>				<i>Length of mains in miles</i>
Deben	...	...	...	$1\frac{1}{2}$
Lothingland	...	...	...	$2\frac{1}{4}$
Total				$3\frac{3}{4}$

4. Total length of mains for all Districts, to nearest mile.

(a) Completed at end of 1958	...	940
(b) Provisional ultimate total	...	981

Sewerage.

The twenty-year programme of sewerage development agreed in the County by the County Council and the District Councils, which was intended to be parallel with and consequential to the provision of mains water supplies in the villages, will reach its half-way stage in 1960, and the present indications are that most District Councils will not reach their targets. Although there have been various universal difficulties, certain Councils have managed to do much more than others.

In 1958, schemes at Carlton Colville, Kelsale and Worlingham were virtually completed, and others at Bramford, Hoxne and Sproughton were started. In addition, the construction of a new sewage disposal works at Framlingham was begun and the provision of sludge beds and other improvements at the Saxmundham works were nearly completed by the end of the year.

Taking everything into consideration, progress can be described as reasonable, although it falls short of that which is desirable in view of the increasing amounts of waste water produced in the villages as a result of the main water supplies.

The following table indicates the state reached in the provision of sewerage schemes.

PROGRESS MADE IN THE PROVISION OF SEWERAGE IN EACH RURAL DISTRICT.
(Parishes in *Italic* type: Group I, Period 1951-55; Ordinary type, Group II, Period 1955-60).

State of Progress	Rural District and Parish.						
	Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
Completed or nearly completed:	<i>Kelsale</i>	<i>Alderton</i>	<i>Debenham</i> <i>Haughley</i> (S.D. Wks.) <i>Needham Mkt.</i> <i>Stowupland</i>	<i>Mendlesham</i> <i>Fressingfield</i> & <i>Weybread</i> <i>Palgrave</i>	<i>Bradwell</i> <i>Hopton</i> <i>Kessingland</i> <i>Wrentham</i> <i>Carlton Colville</i>	<i>Brantham</i> Stages I & II <i>Shotley</i>	<i>Worlingham</i> Stage I
Works under construction:	<i>Framlingham</i> (S.D. Works)		<i>Bramford</i>	<i>Hoxne</i>		<i>Sproughton</i>	
Schemes anticipated to start in 1959:		<i>Orford</i>				<i>E. Bergholt</i>	
Approved but not yet allowed to proceed for various reasons:		<i>Melton</i>				<i>Brantham</i> Stage III <i>Holbrook</i> <i>Washbrook &</i> <i>Copdock</i>	
Awaiting Minister's approval:			<i>Claydon &</i> <i>Gt. Blakenham</i>	<i>Botesdale &</i> <i>Rickinghall</i>	<i>Wangford</i>		<i>Worlingham</i> Stage II
Not approved by E.S.C.C. for grant purposes:			<i>Stonham</i> <i>Aspal</i>				<i>Ringsfield</i> <i>Corner</i>
Under consideration by E.S.C.C.:	<i>Thorpeness</i> <i>Walberswick</i>						
Schemes not submitted in detail to E.S.C.C.:	<i>Earl Soham</i> <i>Knodishall</i> <i>Peasehall</i> & <i>Sibton</i> <i>Yoxford</i>	<i>Kesgrave &</i> <i>Martlesham</i> <i>Kesgrave &</i> <i>Rushmere</i> <i>Grundisburgh</i> <i>Bawdsey</i> <i>Charsfield &</i> <i>Dallinghoo</i>			<i>Barnby</i> <i>Belton</i> <i>Blundeston</i> <i>Lound</i>	<i>Chelmondiston</i> <i>Capel St.</i> <i>Mary</i> <i>Stratford St.</i> <i>Mary</i>	<i>Homersfield</i> <i>North Cove</i>

Housing.

The following tables give details of the statutory housing action taken by the various District Councils in the County.

A great deal of informal work is also carried out and many unfit houses have been rendered fit voluntarily by the owners, often with the help of an Improvement Grant. Many houses have also been demolished as the result of informal action by the District Council Public Health Inspectors and in many cases undertakings not to re-let unfit houses for human habitation have been accepted.

Some District Councils in the County are confident that the 5-year slum clearance programme which commenced in 1955 will be completed within the time stated.

TABLE XIX (a).

Summary of Housing Activities in Boroughs and Urban Districts.

	Alde- burgh M.B.	Beccles M.B.	Bungay U.D.	Eye M.B.	Felix- stowe U.D.	Hales- worth U.D.	Leiston U.D.	Lowes- toft M.B.	Sax- mund- ham U.D.	South- wold M.B.	Stow- market U.D.	Wood- bridge U.D.
1. No. of houses inspected	32	654	47	9	57	68	31	1763	37	150	93	88
2. No. found to be unsatisfactory	10	104	18	2	45	12	13	278	21	91	60	52
3. No. rendered fit by:												
(a) Informal action	8	81	18	2	40	11	13	116	10	78	52	—
(b) Action under Public Health Act	1	—	—	—	5	1	—	69	—	—	—	—
(c) Action under Housing Act	—	—	—	—	—	—	—	18	4	1	1	—
4. No. of Demolition Orders secured	—	3	—	1	—	Nil	—	8	—	Nil	1	16
5. No. of dwellings included in Clearance Orders secured	Nil	—	—	—	—	Nil	—	49	—	Nil	2	36
6. No. of dwellings demolished under Demolition Orders	2	3	4	—	—	Nil	4	8	1	5	1	16
7. No. of dwellings demolished under Clearance Orders	Nil	—	—	—	—	3	19	35	—	Nil	11	36
8. No. of dwellings in respect of which Closing Orders were made	—	—	—	1	—	4	—	18	—	Nil	5	—
9. No. of cases of Overcrowding known to exist at the end of 1958	—	—	—	Not known	—	Nil	—	2	—	Figures not available	—	—
10. Housing Act 1949—No. of Improvement Grants approved	2	16	4	—	12	Nil	6	33	2	10	4	1
11. No. of new houses erected:												
(a) by Local Authority	—	—	7	—	41	3	—	97	—	4	20	52
(b) by Private Enterprise	8	9	5	—	43	3	—	151	3	3	5	17

TABLE XIX (b).

SUMMARY OF HOUSING ACTIVITIES IN RURAL DISTRICTS.

	Blyth	Deben	Gipping	Hartismere	Lothingland	Samford	Wainford
A. Existing Houses:							
1. No. of Houses inspected ...	463	132	156	126	222	25	334
2. No. found to be unsatisfactory ...	342	120	55	43	52	12	165
3. No. rendered fit by—							
(a) Informal Action ...	106	37	30	17	39	4	120
(b) Action under Public Health Act ...	—	Nil	—	—	8	2	1
(c) Action under Housing Act ...	4	Nil	—	—	1	—	Nil
4. No. of Demolition Orders secured ...	10	6	2	21	3	9	10
5. No. of Dwellings included in Clearance Orders secured ...	—	Nil	6	—	—	—	Nil
6. No. of dwellings demolished under Demolition Orders ...	11	Nil	2	6	12	1	5
7. No. of dwellings demolished under Clearance Orders ...	—	Nil	—	—	—	—	Nil
8. No. of dwellings in respect of which Closing Orders were made ...	13	Nil	17	3	—	—	1
9. No. of cases of Overcrowding known to exist at the end of 1958 ...	6	Not known	13	Not known	Not known	1	Nil
10. Housing Act, 1949—No. of Improvement Grants approved ...	54	61	48	20	32	32	14
B. New Houses:							
1. No. of new houses erected by Local Authorities during 1958 ...	24	10	16	20	—	6	2
2. Total number of permanent houses and flats owned by the Council on 31.12.58	928	1232	1055	903	674	649	379
3. No. of new houses erected by private enterprise during 1958 ...	20	191	26	7	65	44	8

INSPECTION AND SUPERVISION OF FOOD.

TABLE XX.

Inspection of Meat for Human Consumption.

	Cattle (including Calves)	Sheep	Pigs
Number of animals inspected	18,803	7,816	102,243
Whole carcasses condemned:			
Tuberculosis ...	106	—	21
Other Causes ...	61	49	467
Carcases of which some part or organ was condemned:			
Tuberculosis ...	1,377	—	2,523
Other Causes ...	3,489	207	13,703

This table gives an indication of the amount of meat inspection carried out in the County. Inspection is mostly carried out by the County District Public Health Inspectors, in two districts the part-time services of Veterinary Surgeons are also used. It is regrettable that during 1958 it was not found possible in all Districts to maintain 100% inspection of animals slaughtered for human consumption. Nevertheless, it is a matter for some congratulation to the officers concerned that such a high proportion of meat is inspected, despite considerable shortage of qualified staff.

Food and Drugs Act, 1955—Sampling for Analysis.

During 1958, 925 samples were taken for analysis representing 5.1 samples per 1,000 population. 57.9% of the samples were milk and 42.1% other food and drugs. 99 samples, i.e., 10.7% proved unsatisfactory.

Milk.

Total number of samples taken ...	536
Number submitted to the Public Analyst ...	61
Number unsatisfactory by reason of:	
(1) Fat Content below standard ...	10
(2) Solids not Fat content below standard	63
(3) Fat and Solids below standard ...	15
(4) Containing added water ...	13
Percentage unsatisfactory ...	16.4

Legal Proceedings.

Legal proceedings were instituted in respect of one sample—details of the case were as follows:—

Sample No. L.59—Channel Islands Milk.

Defect: 9.7% added water.

Result—Fined £1 0s. 0d. with £5 19s. 0d. costs.

Other Action Taken.

One sample found to contain added water was informal and the follow-up sample L.59 led to the institution of legal proceedings as reported above.

Eleven other samples of milk were found to contain added water in quantities varying between 1.5% and 9.1%. All samples were from one consignment and were taken on the farm. The farmer was in hospital at the time of the offence and a submission was made on his behalf that the cooler was defective. A warning letter was sent by the Clerk of the Council.

In all other cases where milk samples were below the presumptive standard of the Sale of Milk Regulations it was shown either by supervised milking samples or by the Hortvet (Freezing Point) Test, that deficiencies were due to natural causes. The vendors were informed of the results of analysis and in some cases advised to consult the National Agricultural Advisory Service.

Other Food.

Total Number of samples taken	...	...	358
Number submitted to Public Analyst	...	...	336
Number unsatisfactory	...	...	10
Percentage unsatisfactory	...	...	2.7

It was not found necessary to institute legal proceedings in respect of food samples. In all cases where deficiencies or unsatisfactory labelling have been found the Manufacturers, Importers or Vendors have been informed.

Incorrect labelling was found in 5 cases in respect of samples of Lemonade Powder, Sweet Confectionery (2), Fruit Salad and Chocolate Spread.

Deficiencies occurred in 6 samples comprising Plain Flour, Pork Luncheon Meat, Butter Confectionery (3), and Ice Cream.

Drugs.

Total number of samples taken	...	...	31
Number submitted to Public Analyst	...	...	31
Number unsatisfactory	...	...	1
Percentage unsatisfactory	...	...	3.2

The only drug sample found to be unsatisfactory was 'Calamine Lotion'; this sample was deficient in solids and phenol, the Manufacturers were informed and stocks were immediately withdrawn from the local retailers.

Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949.

Seven Dealers' (Pasteurisers') Licences were issued by the County Council for the year 1958.

In addition to routine sampling, supervision of the plants is maintained by regular inspection and checks. Efficiency of cleansing and sterilising is also checked by bottle and churn rinses and plant swabbing.

During the year 330 samples of Pasteurised and 198 samples of Tuberculin Tested Milk (Pasteurised) were taken. The results are shown in the following table.

TABLE XXI.

Designation.	Test.	No. of Samples	
		Passed	Failed.
Pasteurised	Phosphatase	324	6
	Methylene Blue	324	1
Tuberculin Tested (Pasteurised)	Phosphatase	195	3
	Methylene Blue	193	2

Phosphatase Test Failures.

Two failures occurred in an H.T.S.T. plant; investigation revealed a defect in the Flow Diversion Mechanism on one occasion; in the other case raw Tuberculin Tested milk had been wrongly labelled.

All other failures occurred in Holder type plants; in 2 cases defects in the plant were found; in the other 5 failures no mechanical defects were found by investigation and it is assumed that the cause was errors in operation.

All such cases are investigated promptly, field tests are carried out to ensure that milk subsequently treated is satisfactory.

Methylene Blue Test Failures.

In 2 cases the failures were considered to be due to unsatisfactory bacteriological state of washed bottles, and the other case was felt to be due to unsatisfactory state of milk on arrival at the dairy.

Biological Examination of Milk.

Samples are taken twice a year from all herds where the milk is known to be sold for human consumption in its raw state. It is estimated that over 1,000 gallons are sold in this manner every day in East Suffolk.

Tests for the presence of tuberculosis and brucella abortus are carried out by the Public Health Laboratory.

For the first time no sample proved positive for tuberculosis; 531 samples were taken during the year, 25 of these were found to contain brucella organisms.

In all cases where brucella was found, appropriate action was taken by the District Medical Officers under the Milk and Dairies Regulations, whereby infected milk is diverted for heat treatment.

Specified Areas.

In only 1 case during the year was the retailing of undesignated milk found; in this case the retailer was warned that he was committing an offence and the practice ceased within 24 hours.

School Milk Supply.

Full details of this service are given in my Annual Report as Principal School Medical Officer, but it may be of interest to note that of 248 schools (including 34 non-maintained schools) 245 receive a supply of pasteurised milk, the remainder receive a raw Tuberculin Tested supply.

School milks are sampled and tested regularly for presence of Tuberculosis, etc., keeping quality, and chemical quality. Three samples taken failed the keeping quality test and it became necessary during the year to withdraw approval from one source of supply on the grounds of poor keeping quality.

V.

PREVALENCE OF, AND CONTROL OVER INFECTIOUS AND OTHER DISEASES.

TABLE XXII.
Notification of Infectious Diseases.

Infectious Disease	Number of cases notified	Number of deaths
Scarlet Fever	131	—
Whooping Cough	193	—
Poliomyelitis—paralytic	—	—
do. —non-paralytic	—	—
Measles	1665	—
Diphtheria	—	1
Pneumonia	132	110
Dysentery	7	—
Smallpox	—	—
Encephalitis—infective and post infective	4	—
Enteric or typhoid fever	1	—
Paratyphoid fever	—	—
Erysipelas	18	—
Meningococcal infection	—	—
Food poisoning	6	—
Puerperal pyrexia	48	1
Ophthalmia neonatorum	1	—
Infective hepatitis	7	—
Malaria	1	—

Diphtheria.

For the first time since 1946, a death from diphtheria has occurred in the county. The patient was a service man who became ill on arriving home from an overseas tour of duty. Diphtheria was not diagnosed. After a period of treatment at home, the patient was admitted to hospital for observation, but died shortly after. Subsequent correspondence with the service authorities revealed that the man had been ashore at a foreign port on his homeward journey, and it was concluded that he had contracted the complaint there, incubated it during the remainder of the journey and succumbed to it on reaching this country. The condition was not notified as an infectious one, but the cause of death was assigned to diphtheria following further correspondence between the general practitioner, the hospital authority and the Registrar General.

Pneumonia.

It should be noted that the number of deaths should not be related to the number of cases notified. Whilst the majority of primary pneumonias occur in childhood and the mortality is low, pneumonia may appear as a complication in diseases of middle and later life, and as will be seen in Table IV, 102 of the 110 deaths occurred in people aged 45 and above.

VI.

GENERAL.

Nurseries and Child Minders' Regulations Act, 1948.

There were no new applications for registration during the year, and at the end of the year there remained 2 premises registered as nurseries for the reception of 16 children.

Registration of Nursing Homes.

At 31st December, the following premises remained registered:—

<i>Name</i>	<i>Number of beds available</i>		
	<i>Maternity</i>	<i>Other</i>	<i>Total</i>
Orme House, Lowestoft ...	2	7	9
Field Stile, Southwold ...	—	8	8
Otley Hall, Otley ...	—	10	10
	—	—	—
	2	25	27
	—	—	—



EAST SUFFOLK COUNTY COUNCIL



ANNUAL REPORT
OF THE
County Medical Officer

1958

HEALTH DEPARTMENT
COUNTY HALL
IPSWICH

